

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		3				
14		3				
15		3				
16		1				
17		3				
18		3				
19		1				
20		1				
21		3				
22		④				
23		④				
24		1				
25		1				
26		2				
27		2				
28		2				
29		2				
30		1				
31		1				
32	1					
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55		3				
56		3				
57		3				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64	1					
65		1				
66		1				
67		3				
68		3				
69		3				
70		3				
71		④				
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	

13
3
39
16
47
102

3
102
105